



Commuter Expense Benefit 2018 Benefit Election Form

PLEASE PRINT THE FOLLOWING INFORMATION:

I. EMPLOYEE INFORMATION

EMPLOYEE NAME: _____ EMPLOYEE ID#: _____

ADDRESS: _____ CITY, STATE & ZIP: _____

EMAIL: _____ DAYTIME PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____ EFFECTIVE DATE: _____

II. PRE & POST-TAX PLANS FOR PARKING EXPENSES

If you drive to work and pay for parking, you may elect to have a portion of your taxable salary directed to a reimbursement account to help offset these expenses. This money will be deducted from your pay before taxes are withheld, thus reducing your out-of-pocket costs for these expenses. You may deposit up to **\$260.00 per month** in your Pre-Tax Reimbursement Account for **Parking Expenses**. You may use your Flex Convenience card to pay for these expenses at the time of purchase. Paper claims will be reimbursed twice a month. In addition you may also elect to contribute additional funds on a Post-Tax basis which will be deducted from your pay After-Taxes are withheld.

Pre-Tax:
Enter dollar amount to deposit per pay \$ _____ = \$ _____ per month beginning ____/____/____

Post Tax:
Enter dollar amount to deposit per pay \$ _____ = \$ _____ per month beginning ____/____/____

III. PRE & POST-TAX PLANS FOR MASS TRANSIT OR VAN POOL EXPENSES

If you utilize the Mass Transit System such as the subway, ferry, train or bus to commute to work, you may elect to have a portion of your taxable salary directed to a reimbursement account to help offset these expenses. This money will be deducted from your pay before taxes are withheld, thus reducing your out-of-pocket costs for these expenses. You may deposit up to **\$260.00 per month** in your Pre-Tax Reimbursement Account for **Mass Transit Expenses**. You will be issued a Flex Convenience Card to pay for these expenses at the time of purchase. In addition you may also elect to contribute additional funds on a Post-Tax basis which will be deducted from your pay After-Taxes are withheld.

Pre-Tax:
Enter dollar amount to deposit per pay \$ _____ = \$ _____ per month beginning ____/____/____

Post Tax:
Enter dollar amount to deposit per pay \$ _____ = \$ _____ per month beginning ____/____/____

IV. AUTHORIZATION (YOU MUST SIGN BELOW EVEN IF YOU HAVE ELECTED NOT TO PARTICIPATE)

I have read all of the enrollment material explaining this benefit plan. My Employer and I agree that my cash compensation will be redirected according to my elections. These elections shall be in addition to other agreements or benefit programs maintained by my employer. I may change my elections monthly. The plan administrator may post funds early to my account to enable me to utilize this benefit more easily. I agree that any funds that have been posted to my account prior to my payroll deduction will need to be repaid to my employer at the time of my termination.

I understand that I must be able to provide receipt documentation upon request for any and all out of pocket expense costs as accessed through this plan.

Employee Signature

Date